

Board of Pharmacy

402 West Washington Street, Room W072 Indianapolis, Indiana 46204

Phone: (317) 234-2067 Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Pharmacy Technician Renewal

Your pharmacy technician license in the state of Indiana expires on June 30, 2014. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$25.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address								
Licensee Name		License Nu	mber	Expiration Date	Renewal Fee \$25.00			
Stı	eet Address	1	•			•		
City		State		Zip Code				
Phone Number		Email Address						
		QUESTIONS	;					
1.	Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?				YES	NO		
2.	Since you last renewed, have you been denied	d a license, certificate, or permit in any state?			YES	NO		
3.	3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?				YES	NO		
4.	. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES	NO			
LICENSEE AFFIRMATION								
I hereby swear or affirm under the penalties of perjury that I understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.								
	gnature of Licensee		Date (mon	th, day, year)				

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including license cards and INSPECT requirements, or email the Board at pla4@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, Executive Director





FOR OFFICE USE ONLY					
Renewal Fee	Receipt No.	Date			